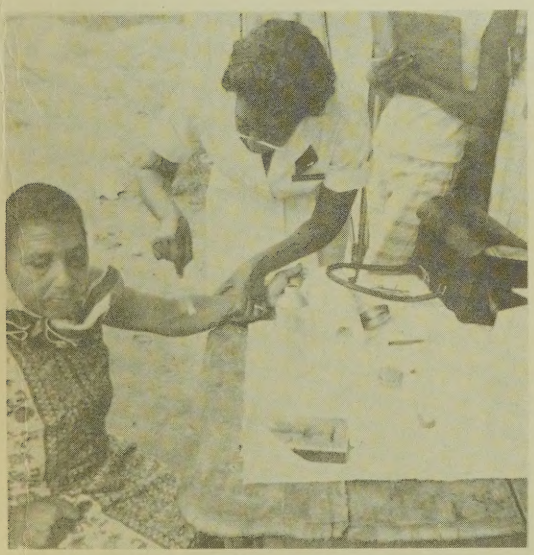
NORTH CAROLINA STATE BOARD OF HEALTH

MIGRANT HEALTH PROJECT

ANNUAL PROGRESS REPORT

FOR 1969



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Project Director: Dr. Ronald H. Levine

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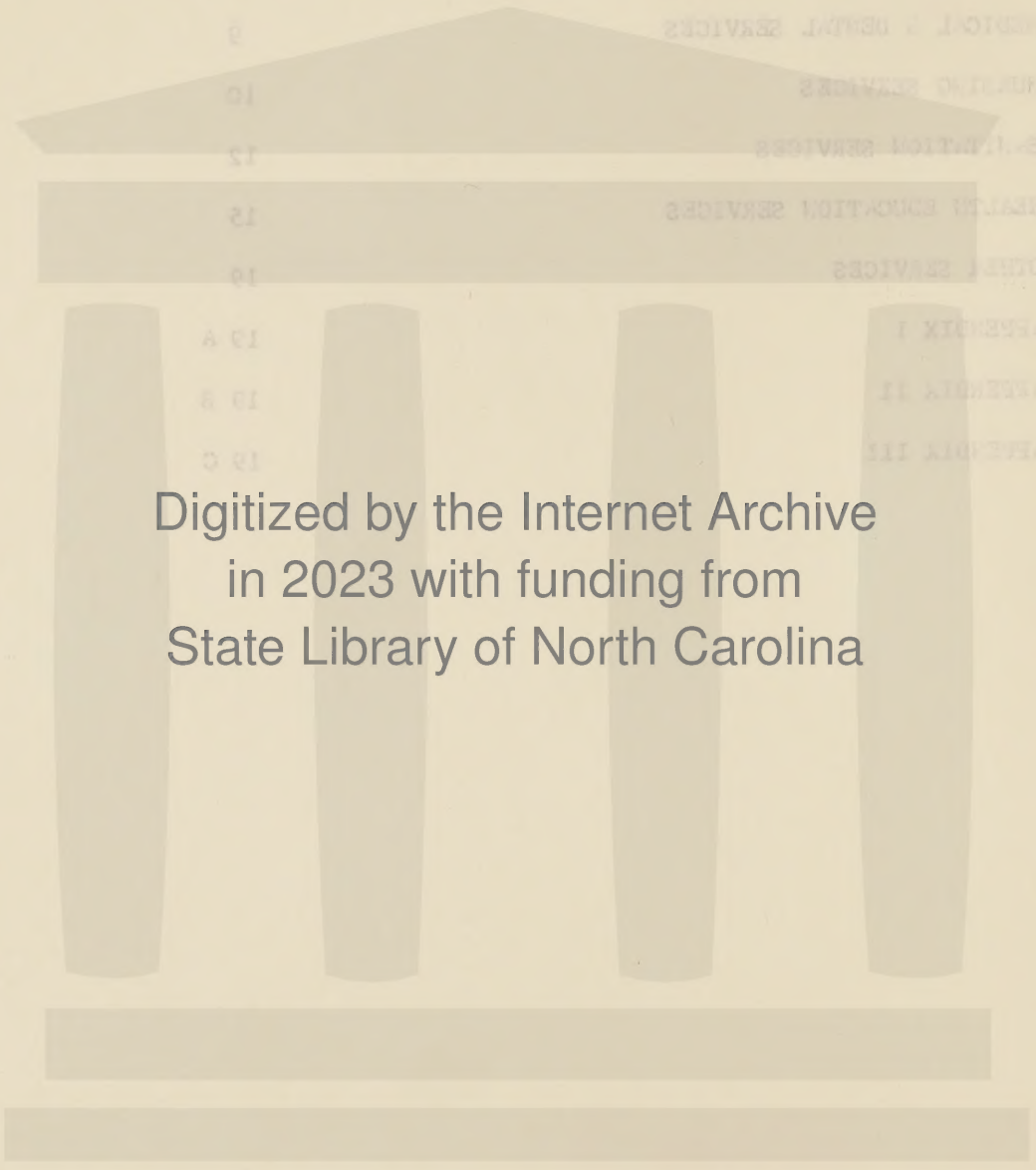

A. Summary

I. General Information

a. This report covers the major activities of the North Carolina State Board of Health Migrant Health project from December 1968 to December 1969.

b. Objectives

- Continue to provide consultation to local health departments, voluntary community organizations and related groups to meet the health needs of seasonally employed migratory agricultural workers.

- Continue to stimulate, organize, plan and implement community health service clinics, and other activities emphasizing health care to migrants.

- To provide services in selected areas to migrants through local health departments, voluntary organizations and other groups.

c. Changes in objectives

In addition to the above objectives our state project will help local projects evaluate the quality of medical services rendered by these local projects, and help work out procedures that can achieve this objective.

d. Changes in migrant situation

There were no significant changes in the migrant situation. The number of migrants remains as last year. The Employment Security Commission reported 6500 out-of-state migrants and 8500 intra-state migrants. The visible changes in the migrant situation in the State of North Carolina can be stated as follows:

1. There was a slight decrease in the number of migrants in the coastal areas of about 10% as compared to last year.

2. There was a slight increase in the number of migrants in counties of Johnston, Wilson, Greene and Duplin. The number of migrants in Johnston County this year was 608 compared to 400 last year. The Employment Security Commission, in the meantime, has turned back many crews willing to come to Johnston County because of lack of housing.

3. The number of migrants in the Western parts of the state remained stable.

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1. There was a slight decrease in the number of migrants in the coastal areas of about 10% as compared to last year.

2. There was a slight increase in the number of migrants in counties of Johnston, Wilson, Greene and Duplin. The number of migrants in Johnston County this year was 650 compared to 400 last year. The Employment Security Commission, in the meantime, has turned back many crews willing to come to Johnston County because of lack of housing.

3. The number of migrants in the Western parts of the state remained stable.

4. Three crews of migrants (100 persons) came to Wake County for the first time. There had been no need for migrants in this county in the past years.

5. In general, the crew size was smaller this year.

It is expected that the number of migrants will continue to increase in Johnston County. The need for medical services in the county is becoming greater. The county has filed an application for a PHS grant, as a satellite to the neighboring Sampson County Migrant Project. The need for funds to meet the needs of migrants in Johnston County is great.

Wilson, Greene and Nash Counties have submitted their grant application - the need for migrant services in these counties is growing. The State Migrant Project was instrumental in helping the counties recognize the needs of migrants and in stimulating them to planning to meet these health needs.

II. The State Board of Health Migrant Project has continued to maintain good working relationships with private and official agencies serving migrants. This relationship resulted in better cooperation and coordination at the local level. Furthermore, the staff participated in training of personnel of other agencies. Thought has been given to forming an interagency coordinating committee for migrant services; the State Migrant Project is taking the initiative in studying the possibility.

A major accomplishment this year was the joint efforts of the State Migrant Health Project and the North Carolina Council of Churches Migrant Project to stimulate the counties of Washington, Tyrrell and Hyde to meet the needs of migrants by applying for a grant. In the process, the problem of dental care was found to be a significant problem. This problem was called to the attention of state and local agencies and groups by the two migrant projects. The state and local groups sought consultation of the PHS Dental Consultant at Charlottesville who was introduced to them by the Migrant Program Representative at Charlottesville. The final result was that all groups joined together to provide a well-equipped multicounty mobile dental unit. The unit was provided with a full time dentist. This accomplishment was great for the counties that will benefit from this dental unit, and is in the meantime, a good example of how the migrant health project serves as a source of strength to other community needs and programs.

The involvement of migrants, growers, etc, is left to the local projects each according to their condition and need. The state project in its consultative activities and training programs encourages active participation of migrants in expressing needs and problems and in working to solve them. The "Advisory Committee" requirement was stressed to local projects, and in

their grant applications all of our local projects stated their policy and accepted the idea as one that will promote migrants involvement.

In the training of crewleaders, plan for the health training was worked out with them and was based on their needs as they saw them (Refer to full report in Appendix II).

The project involved the migrants in Johnston County this summer in studying their health needs and problems as they the migrants saw them. The project consultant demonstrated the method in an actual session with the migrants to the local health education aide who carried this study over to three other groups of migrants (Refer to Appendix I). This was a very interesting endeavor.

III. Orientation and Training

The project participated in the training of crewleaders in the two schools held in Lumberton and Wilson. The schools were organized by the Employment Security Commission. The duration of the course was ten weeks, with two weeks in health matters. One week was devoted for environmental health problems, the other for varied health topics and problems. In the Lumberton school, the training was extended to the crewleader's wives. A full report on this training program is attached to this report as Appendix II.

A pre-service training workshop was held, at the beginning of the season, in Elizabeth City for migrant personnel working in local projects, or local health departments in counties with migrants but with no projects. Personnel of other agencies such as ESEA and OEO joined the group. Concurrently, a training workshop was held for the sanitarian aides who were recruited by the State Board of Health Sanitation Section, under special grant from the Governor of North Carolina to work for migrants. Their training was carried out by the Sanitation Consultant of the State Migrant Project. The sanitarian's group and the other group (mainly health education group) have had some joint sessions which enriched the experiences of all.

The training was followed up during the season through the continuous consultative activities of the State Migrant Health Project personnel and the generalized consultants in the different Regional Offices in the state. The generalized consultants from nursing, nutrition, sanitation, records, health education and other sections were greatly helpful.

The Project Consultant participated in a week's training program conducted in East Carolina University at Greenville for ESEA teachers of migrant children. The teachers became better acquainted with the health problems of, and services for migrant children. This is expected to become an annual training seminar.

The project staff participated in the RCA training workshop for 45 migrant families, at Rich Square, N. C. Our part was a one-day program in health teaching.

Participation in Public Health Nurses training in eastern counties. The nurses were from the local health departments. The training covered such areas as: The health needs of migrants and how can the health departments serve the migrants; Records and Referrals.

Participation in orientation of E.I.C. (Economic Industrial Corporation) staff in Edenton.

Taking part in the orientation of a lay group in Hertford and Gates counties in which migrant health was discussed.

IV. General Appraisal

1. We feel we have achieved our objectives. This year we helped more non-project counties, and all of our health education aides, except one, were placed in non-project counties. These aides worked with other health department personnel to adapt the services to the needs of migrants.

2. The sanitation program was much improved during 1969. Nine sanitarian aides were recruited, trained and placed in several counties with migrants. These aides were not funded through the PHS but through a special state grant from the Governor. The recruitment, training and field supervision were handled by the State Migrant Project Sanitarian Consultant. The Assistant State Health Director, Dr. W. Burns Jones; the Director of the State Migrant Health Project, Dr. Ronald H. Levine; and the Sanitation Section Chief and staff played major roles in securing such a grant for sanitarian aides. The idea of employing sanitarian aides came as a result of meetings between a citizen's church group from Charlotte who were concerned about housing and living conditions of migrants,and representatives of the State Board of Health, and a representative of the Governor of North Carolina. These aides did a good job, and a report of their activities is attached as Appendix III.

3. Again this year we have stimulated three more counties (Wilson, Nash, Greene) with a migrant population of 800 to see the needs of these migrants, and to work together in applying for a multicounty project. The State Migrant Health Project in its efforts to extend services to other migrant populations not covered by these services has the policy of encouraging either the satellite project idea (a good example is Johnston as satellite to Sampson; another example is Tyrrell-Washington and Hyde as satellite to Albemarle Project), or the multicounty project.

4. This year we have developed closer ties with the local projects. We have given them more technical assistance and guidance and we have influenced their activities and procedures more than ever before. The local projects are looking to the State Migrant Health Project for help in all aspects of training, consultation, procedures, policies and trends.

   The strong points in achieving objectives were many, but some are:

   a. The excellent cooperation between the State Migrant Health Project and the Regional Migrant Representative at the Charlottesville Regional Office. The Representative has kept the State Project up-to-date as to the new trends and policies and the implications of these to our local projects.

   b. The State Migrant Health Project did not work as an isolated project from the other sections and programs of the State Board of Health. The Sanitation Section, the Health Education Section, the Public Health Records Section, The Nursing Section, the Nutrition Section, the Epidemiology Division and others were directly involved in special activities like training and demonstrations, and in the regular consultative activities. This also was true in planning migrant health activities. These and other sections through their section chiefs and generalized regional consultants have greatly contributed to the success in achieving our objectives.

   c. Due to the nature of organization of the State Migrant Health Project, the Health Education Section of the State Board of Health was more involved than any other section in working more often and more closely with the Migrant Project. The Chief of the Health Education Section gave much help in planning, consultative activities, training, evaluation, and policies.

   d. Placing nine more sanitarian aides in local communities to help migrants.

   e. Placing our health education aides with non-project counties to create awareness of migrants health needs, to help local health departments adapt their services to meet some of these needs. Thus more services were extended to more migrant communities in Duplin, Wilson, Johnston, Sampson, Washington, Tyrrell and Hyde Counties.

      Of course we faced some problems inherent in the nature of the local seasonal projects. A major problem is that of personnel. We have to have new personnel in the local communities every season because under the circumstance we, most often, can not keep the same personnel

year after year due to the temporary nature of the job. This problem, we assume, will continue.

V. There is every reason to believe that the health problems of migratory agricultural workers in North Carolina will continue to increase. Therefore, the State Board of Health expects to continue its emphasis in this area, although we hope, in the years to come, to integrate this program more closely with health services provided to the rural poor in general.

B. MEDICAL AND DENTAL SERVICE

1. The State Migrant Health Project does not provide direct services to migrants. The medical and dental services are offered by the four local projects of Albemarle, Carteret, Sampson, and Henderson. The details of their clinical activities and services are discussed in their annual progress reports.

2. Title XIX - the Medicaid Program - was not implemented in North Carolina during 1969. Prior to the implementation of the program in January 1970, contacts are being made with the State Welfare Department to clarify the implications of Title XIX on the medical and dental services for migrants. These implications will be discussed in our grant application which is to be forwarded simultaneously with this annual progress report.

3. It is our intention, for the coming years, to develop a mechanism that will help our local projects to evaluate the quality, the adequacy and the utilization of medical and dental services rendered by them, and the effectiveness of their procedures in this respect.

D. NURSING SERVICES

During 1968-69 Project year there was no Public Health Nursing Consultant employed full time in the State Migrant Project. Rather consultation was provided to the individual Migrant Health Projects by the generalized nursing consultants servicing the respective region.

Miss Elizabeth Holley, Chief of the Public Health Nursing Section, and Miss Judy Smith, Generalized Nursing Consultant formerly with the Migrant Project, served on the overall Planning Committee for the North Carolina Migrant Project. Miss Judy Smith also served on the special committee to plan and work with the State Government Intern assigned for special duties with the Migrant Project.

The Chief, Public Health Nursing Section, State Board of Health, actively recruited for necessary Public Health Nursing Personnel for the respective project nursing positions. Recruiting followed special joint planning by Chief, Assistant Chief, Public Health Nursing Section; Chief, Health Education Section; Health Educator, State Migrant Health Consultants; and a Generalized Public Health Nursing Consultant. The main purpose of the planning session was to effect the best coordination and to avoid duplication of efforts.

Regional nursing consultants, both generalized and specialized, assumed responsibilities for the nursing aspects of the project programs, including training. In areas where the migrant nursing staff turnover is high, it was necessary to provide on-the-job field in-service -- After all the orientation program is part of the total effort to insure quality health services to the migrants. The nursing consultants participated in the training of local health department personnel in the utilization of the revised Intra-state Migrant Health Referral Forms.

As the year progressed, the following nursing needs were pre-eminent:

1. Movement toward twelve month employment of a qualified key public health nurse in at least three migrant project areas. This experienced nurse would lend strength and stability to the nursing program. The nurse would be able to plan for, recruit and train nursing personnel early, and before the peak influx of migrants. This continuity of nursing personnel can avoid the confusion which may result from last minute training and short term employment.

2. During the off-peak migrant season, the migrant health nurse could contribute a great deal in working toward community acceptance of a migratory worker and his specific needs.

3. The full-time public health nurse in the migrant family health service clinic could be one of the key persons in assisting with the advisory committee for family health service.

D. Nursing Services - Continued -

4. In requesting full-time local nursing positions for three migrant projects the suggested rank order of priority is the following:

a. Albemarle Migrant Health Project -

This project now covers five counties with approximately 1200 migrant workers and their families. This represents a very broad geographical area crossing several county jurisdictions as well as the large number of people needing services. Continuity and coordination as well as adequate year round planning are essential.

b. Sampson County - Clinton - Faison Area -

This would presently rank second in order of priority. It has a smaller geographic area with steady in-out flow of migrant families. The number of migrants served is approximately 900.

c. Carteret - Carven - Pamlico Area -

This would be the third in order of priority for full-time local migrant nursing position. This is a shifting group within the three county region largely due to crop rotation and semi-mechanized harvesting.

Because there is no local back up nurse in the area who can give constant guidance to a constantly changing part-time migrant staff nurse attempting to meet the needs of both the migrants and the paramedical staff, this full-time prepared and experienced nurse would improve quality of service to this group immeasurably.

E. Sanitation Services

General

Information available as to the number of migrants working in North Carolina during 1969 shows that there were a total of 15,000 workers. This number is composed of 6,500 intrastate migrants and 8,500 interstate migrants. Several thousand "day-haul" workers were also used but no valid figures are available.

Sanitation Activities

The Sanitation activities for this year were greatly increased over previous. The increase was due to a grant of $23,987.84 from the State Emergency and Contingency Fund to the Sanitary Engineering Division. These funds enabled the Sanitary Engineering Division to employ nine (9) Sanitarian Aides to work in counties with large migrant populations. The report of this project is attached.

Normal sanitation activities with migrants proceeded as in previous years. Sanitarians worked with growers in getting camps ready for occupancy, making official inspections, and promoting sanitation with crew leaders and migrants.

As in previous years, the cooperation received from the Employment Security Commission was very good. We feel that due to the combined efforts of the Employment Security Commission and the State Board of Health that the levels of sanitation maintained at labor camps was higher than in previous years.

Grower cooperation has continued to be good with no court action necessary. Threat of court action was necessary in one case to achieve compliance.

Administrative

The job of Project Sanitarian continues to be a part time position and is handled by a District Sanitarian. The other District Sanitarians have done an excellent job in handling the Migrant Labor Program in their districts.

Statistical Information

One hundred and eighteen (118) permits to operate migrant labor camps housing ten (10) or more workers were issued in 1969. These one hundred and eighteen (118) camps housed approximately four thousand (4,000) workers and were located in twenty-one (21) counties. (See Exhibit "A" for counties having migrant labor camps).

Two (2) counties, Greene and Lenoir, have local regulations covering migrant labor camps housing two (2) or more but less than ten (10). In these two (2) counties there were one hundred and twenty-three (123) camps

housing approximately five hundred (500) workers.

Employment Security Commission figures show four hundred and ninety-five (495) camps approved by them.

Cooperation continues to be good between local sanitarians and the Employment Security Commission in working together on approval of camps housing ten (10) or more workers.

Field Sanitation

We have had a few reports of improvement in field sanitation facilities. Progress in this area continues to be slow.

Crew Leaders Schools

Two (2) ten-week schools for crew leaders were held in Robeson and Wilson Counties. These schools were held at the Technical Institutes and were sponsored by the Employment Security Commission and financed by Manpower Development Training Act Funds. Approximately twenty (20) crew leaders attended each school. The Project Sanitarian and one (1) District Sanitarian taught Sanitation Practices for one (1) week at each school.

The interest of the crew leaders was high and we feel that the schools are very beneficial.

Summary

1. The general level of sanitation at camps housing ten or more was adequate and we feel that there was substantial improvement over previous years.

2. Migrant housing for less than ten continued to be good in the two counties having local regulations.

3. Progress in field sanitation continues to be slow even though some improvements were noted in 1969.

Objectives For 1970

The objectives stated in the last year's report will be continued with some slight changes. We feel that the progress which has been made in migrant housing and sanitation has been significant and, therefore, we feel that our past objectives have been sound and should be continued.

The objectives are as follows:

1. District Sanitarians will continue to work with the local Sanitarians on handling the migrant labor work in their District.

2. Continue the effective pre-season compliance checks and issue permits before workers arrive.

3. Promote better housing and sanitation in housing units for less than ten (10).

4. Continue cooperation with Employment Security Commission and give technical assistance concerning water supplies and sewage disposal.

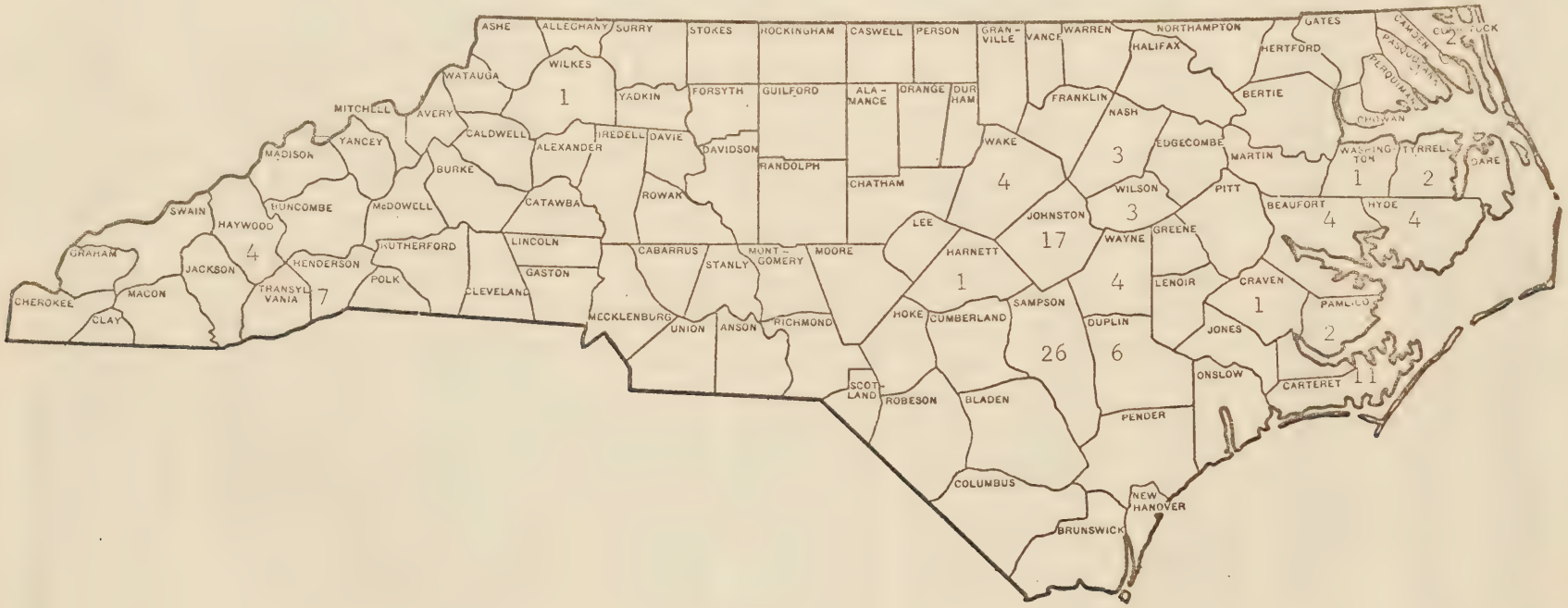
5. Continue to cooperate with, and give any assistance to, other agencies both public and private which are concerned with Migrant Labor Sanitation.

6. Due to the scope of the U.S. Department of Labor's regulations on migrant housing, we do not feel that additional State regulations are necessary at this time.

EXHIBIT "A"

NORTH CAROLINA

MIGRANT LABOR CAMPS IN NORTH CAROLINA BY COUNTY - 1969



F. Health Education Services

I. a. The health education objectives of the State Migrant Project were listed in last year's report. However these objectives are modified and listed under V at the end of this portion of the report.

b. Two health educators are working full time on the Project, one works from Raleigh, the other from the Greenville Regional Office. The Migrant Health Project, worked closely with the Health Education Section of the State Board of Health. The Chief of the Health Education Section, and the regional consultants were actively involved in the training, the consultative services and the planning of health education services to migrants. The health educators on the Migrant Project attended the regular monthly meetings of the Health Education Section Staff - which served as a good tool for coordination. Some educational materials on problems that affect the migrants and the local residents were jointly planned and produced.

The State Migrant Health Project has placed health education aides in non-project counties - Johnston, Wilson, Washington, Tyrrell, Hyde and Duplin Counties. One indigenous aide was placed in Sampson to work with the group of Mexican Americans.

Two of our local migrant health projects (the Albemarle and Sampson projects) enjoyed the services of two professional health educators in this and the previous years. Health education aides were employed by the other two projects of Henderson and Carteret counties.

c. Consultation from outside the project was received at different occasions and as needed from the Health Education Section, Nursing, Dental, Nutrition, Records, Sanitation, Chronic Disease ----- Consultation in migrant health policies that might have implications to health education work was also offered by the Regional Migrant Health Representative at Charlottesville.

d. Orientation to health education aides and other migrant health personnel was provided by the State Migrant Health Project (Refer to Orientation and Training - under the Summary).

Consultative activities to local personnel in program planning and implementation have been continuous throughout the season.

II. Each local project has discussed the needs and problems of their migrants in their annual reports.

In one of the non-project counties - Johnston - the State Migrant Project worked with the migrants to identify their health needs

and problems - as they the migrants saw them. The findings were written in a report which is attached to this annual progress report as Appendix I.

III. As health educators with the State Project we worked mainly with local personnel to improve their abilities in developing a health education program that meets the needs of the community served.

We also worked with directors and personnel of local health departments to help them see the needs of migrants and take appropriate measures to meet the needs.

We also interpreted the trends and policies of the PHS as regards upgrading migrant health projects in the state in lines with the new "Guidelines and Standards" for migrant health projects offering direct health services.

We continued to cooperate and coordinate with other agencies on the state, regional, and local levels.

We continued to produce suitable visual materials needed by field workers. Upon the request of other agencies, we reproduced this year all the posters which were provided last year. The E.S.E.A. and the N.C.C.C. Programs have requested, and were supplied with quantities of these visual aids.

IV. Appraisal

The proposed objectives of last year were met. In fact, our health education efforts went one step farther beyond the stated objectives. On several occasions our program served as a source of strength to other programs. A reference was earlier made to the dental mobile unit that is now in operation serving several eastern counties. We have also strengthened the E.S.E.A. Program through our participation in the training of teachers who worked in schools for migrant children, through following up with consultative activities, and through provision of suitable teaching materials that were mailed to the various schools upon the request of the individual teachers who attended the training course.

V. Our future plans and modified objectives are listed below:

Objective I. To improve the quality of health education in local migrant health projects and local health departments in non-project counties.

Methods

1. To provide consultation for health educators, health education aides and other personnel in the projects

in the projects and counties in matters of health education such as planning, implementation, evaluation.

2. To help projects and counties in selecting suitable personnel.

3. To provide training and orientation to migrant health personnel.

4. To promote intra-project communication and coordination skills. Facilitate communication with other local agencies serving migrants.

5. Help in selecting and developing visual aids suitable for use with the migrant population.

6. Explore the possibility of year-around employment of key personnel by different programs.

Objective II. To help non-project counties with migrants identify the health needs of migrants and work toward meeting these needs.

Methods

1. Place health aides in these counties - providing the aides with training and technical supervision.

2. Help counties adapt their activities to the needs of migrants.

3. Stimulate and help the counties with large numbers of migrants to apply for a migrant health project on the basis of a satellite, a multi-county project, or regional project.

4. Help identify all resources that can serve migrants.

Objective III. Improving communication and coordination on all levels.

Methods

1. Organize inservice training workshops for local personnel involved in migrant health work on coordination and communication skills.

2. Work closely with the State Health Education Section and the Regional Health Education Consultants of the state.

3. Look for and detect ways of involving other regional consultants of the state in the migrant health work in their regions.

4. Work with other state and voluntary agencies interested in or offering services to migrants, and continue to seek ways of facilitating and promoting communication and coordination.

5. Facilitate inter-project communication thru meetings, seminars, newsletters, etc.

Objective IV. Find ways to upgrade the local migrant health projects toward meeting the guidelines and the standards of the P.H.S.

Methods

1. Help interpret the policies of the P.H.S. in migrant health to local projects.

2. Facilitate and make available to local projects the information pertinent to the formation and functioning of the "advisory committees".

3. Help set and acquaint the local projects with procedures and ways to evaluate the quality of medical care in their health services; to evaluate the degree of migrants involvement in, and utilization of, services.

Objective V. Make the migrant health project serve as a source of strength to other health activities or programs.

Methods

1. Strengthen the educational efforts of other groups or agencies where applicable.

2. Help train personnel of other agencies.

3. Create interest in other agencies to meet specific needs (of local population) when these needs and problems are shared by the local population and the migrants.

G. OTHER SERVICES

A state government intern was employed by the project during the summer of 1969. A committee was formed to direct his undertaking and to advise on planning his activities. The committee consisted of the Director of the Migrant Project, and the project staff, the Chief of Nursing Section at the State Board of Health, a regional nursing consultant, and the Chief of the Health Education Section at the State Board of Health. All sections and units at the State Board of Health were involved in providing orientation.

The government intern was instrumental in the planning for the Wilson-Greene Migrant Health Project especially in talking to migrants and to the local staff of community groups and agencies.

APPENDIX I

STUDY OF THE HEALTH PROBLEMS AND NEEDS OF MIGRANTS IN JOHNSTON COUNTY, N. C. Oct. - Nov. 1969

STUDY OF THE HEALTH PROBLEMS AND NEEDS OF MIGRANTS IN JOHNSTON COUNTY, N. C. Oct. - Nov. 1969

The health needs and problems of four groups of migrants were studied. The method of study was a free open discussion with each of the four groups of migrants. Each group lived in a separate camp.

The aim of the study was to find out how each group viewed their health problems and needs. The investigators did not influence the ideas of the migrants. They only stimulated free discussion and maintained a high level of interest and group interaction. The results reached were decisions of the migrants themselves, with no interference from the staff to influence the decisions or the findings.

(Cont'd) Migrants Health Problems as they see them

Barefoot Camp

A. Background

A group of 12 adults, men and women, took part in discussing the health needs and problems of migratory farm workers. In the group were three women, and the crewleader's wife (who cooks for the crew).

The crew usually leave Florida their home base late in May and travel to East Shore, Va. By mid-August they arrive in Johnston County. They are living in a beautiful camp which is relatively new with good toilets, bath and shower facilities. They stay in the county till late November when the sweet potato season is over.

In their home base they have migrant health services including medical treatment available to them. Up the stream they enjoy the medical and dental service offered by the East Shore Project in Virginia. Their exposure to migrant health services in their home base and in Virginia has reflected on their ability to eloquently discuss their health problems, it seems; these people had much to say.

B. Health Problems

They went over their health needs and problems as they see them on the farm, in the home and surroundings. The results of the discussion can be summarized as follows:

In sequence of their importance, the health problems as seen by these migrants were put as follows:

1. Lack of medical and dental care - this means lack of medical treatment clinics, emergency, dental clinic, and hospital services. The migrants see the dental and medical service as their number one need, and the lack of it is their number one problem. They were not fascinated by what we call quality medical care, and their preferred type of medical service is the mobile clinic.

2. Rats and Insects: They consider this their number two problem. However, there was some disagreement among them on whether this is their number two problem or the next one (see problem no. 3) of field toilets is the one. Some of them considered the lack of field toilets as their number two problem. These however gave way to the majority of the gourp and accepted the group decision. All migrants however, consider the lack of toilets on the farm as their most important problem on the farm.

3. Field Toilets: This is their major problem while working in the field. This group did not see clean water or washing facilities in the working environment as a major problem. They see they can manage to have safe water on the farm. The group mentioned that they have never seen any kind of field toilets in any state, and they wondered why. They also expressed the desire that something must be done in meeting this need.

4. Diseases: This migrant group looked to diseases as one problem. When they were asked to list down those diseases or conditions (in sequence of importance) that may be common among a group like them, they cam up with this arrangement:

Teeth
TB
Eye troubles
Sorethroats - colds
V.D.
Accidents

At this point of the discussion, the group was asked if there were other health problems or obstacles that serve as barriers to good health. They thought of:

a) Heating - in October and November, it can be real cold in their camp especially during the night.

b) Garbage disposal

c) Transportation - there were two young women who were pregnant and are under the care of the health department. Transportation toand from the health department has been a problem. If a medical clinic is to be set up in Smithfield or in Clinton transportation will be a problem, and there is a need to overcome this problem.

2. L. E. Johnson Camp

Background:

This crew of 18 men and 4 women came from Florida to New York to work in white potatoes. Their ages range from 22-49 years. They arrived in Johnston County in August. The crewleader has had trouble keeping his workers. His wife was hospitalized and he spent much time with her. With no close supervision the crew were not performing the whole required from them. Their camp is located in an isolated area north east of Benson.

Health Problems:

The group listed their health problems in the sequence of importance as:

1. Lack of medical and dental services
2. No phone (or lack of means of communication in case of emergency)
3. Diseases:
   - Colds and sorethroats
   - Eye troubles
   - Back and muscle ache
   - Accidents
4. Lack of indoor showers
5. Insects and animals (flies, mosquitoes, wasps), and snakes

It was obvious when discussing the medical services, the group considered teeth problem as very important and most needed. However, they did not list teeth and oral diseases under diseases. It may be noted also that they listed "accidents" under diseases.

3. D. H. Johnson Camp

Background:

This crew of 16 consisted of 14 men with the age range of 19-50 and two women with ages of 22 and 35 years. They come from their homebase (Florida) to North Carolina through Georgia. They arrive in Johnston County in late Spring and stay until late fall. The crew leader has been coming to Johnston County for several years, not with the same crew however. This group is primarily concerned with tobacco (planting and harvesting) and the sweet potatoes. In Florida they work in harvesting tomatoes and oranges.

The camp is an old small house, the rooms are small and in poor shape. They have outdoor toilets and showers. Late in the season it becomes too cold to take a shower outside.

Health services including medical treatment are available in their home base. During the summer the crewleader died in Johnston Memorial Hospital. His son came up from Florida and took charge of the camp.

Health Problems:

The health problems seen by this particular group were as follows:

1. Lack of dental and medical services -- This crew gave more importance to the lack of dental services than to the lack of other medical services.
2. Poor Housing -- The group was not satisfied with their housing and they wanted another building with reasonable living conditions.
3. Lack of indoor showers and indoor bathrooms.
4. Diseases:
   - Colds and sorethroats
   - Bites of bed bugs
   - Foot troubles
   - Back and shoulder aches
   - TB

4. C. D. Peacock Camp

Background:

This group consists of one woman and 15 men. Five of the men were white, the rest negro. Five of the negro were young people under 30 years of age.

This camp is an old farm house in a fairly good shape. The crew came from Florida to Pennsylvania and back along the stream to North Carolina. In Pennsylvania they had health services available with a mobile x-ray unit, they stated.

The crewleader, Mr. Ozzie comes from Lovett Babson Park, Florida. He has new equipment, new bus and 2 new trucks.

This was their first season in Johnston County. They stated that housing conditions were better in other places, and they had enjoyed better health services.

Health Problems:

They saw their health problems as:

1. Lack of medical and dental services
2. Lack of indoor showers and privies
3. Lack of a washer to wash their clothes
4. Lack of recreation facilities -- the group asked for softball and basketball facilities
5. Lack of a telephone to handle emergencies
6. Diseases :
   - colds and sorethroats
   - eye troubles
   - muscle aches
   - accidents
7. Lack of heating facilities
8. Lack of paper cups in the field.

These problems were reached by common consensus. However, the crew seemed like two sub-groups as far as their opinions concerning health matters. The younger people influenced such items as recreation, lack of heating and lack of paper cups. The older negroes and the whites seemed to be a homogenious sub-group. The age factor seemed more important in seeing health problems than the race factor.

Summary:

The major health problems in the four camps can be listed as follows:

1. Lack of medical and dental services. This includes medical treatment and hospitalization. The four groups of migrants, each unaware of the others, decided that this was their first major problem.

2. Sanitation problems -- indoor showers and toilets, insects, rats, and housing conditions were pointed out. One group strongly felt that lack of field toilets is a major problem. Another group felt that of paper cups for water is a field problem.

3. Handling emergencies - two groups felt that there is no means of effective communication in case of emergencies. All groups except one listed accidents as one of their problems.

4. Diseases - all groups emphasized dental conditions as a major problem when discussing medical and dental services. But when listing their disease problems only one of the groups mentioned teeth on the top of their list, the others did not seem to classify teeth problems under "diseases". Three groups listed "accidents" under diseases. Only two groups listed Tuberculosis as a health problem, and only one group listed "Venereal Diseases". Three out of four groups considered "eye diseases" as a major disease problem. Three groups considered Back, shoulder and muscle aches as a major disease problem. Colds and sorethroats were listed by two crews as number one group of diseases.

5. Other Problems -

   Problems of less importance seem to be:
   a) Transportation to and from health facilities.
   b) Lack of recreation facilities.

Observations & Comments:

1. The four groups who were studied considered the lack of medical and dental services their number one problem. Three groups emphasized the "medical" side more than the "dental", while one group emphasized the "dental" as more important to them than the medical side. However all crews spoke of medical services as one package containing medical, dental, hospitalization and emergency care. Two groups however, mentioned specifically preventive medical services as x-ray for TB, bloodtests, and medical care for certain groups.

   All groups preferred the health services be brought to their camps. Their preference is the mobile clinic. One group wanted the nurse to follow them on the farm and take care of emergencies or sicknesses - this was the group that came to us from Pennsylvania. All groups however are willing to use the health services in a central clinic or the health department if the medical services become available to them while in Johnston County.

   We have to bear in mind that these four groups were studied separately. The fact that each group, unaware of the others, considered the lack of medical services as their major problem is very significant. The

provision of medical services is a felt need on the part of the migrant population in the county.

We must add here that Johnston County has applied for a grant to provide medical services - as a satellite project to the neighboring Sampson County migrant health project in 1968, but was not funded by the federal government till now.

2. Health Cards;

When these people were asked about their health cards they stated that they knew these cards, that they were given to them in clinics, that they did not carry them to Johnston County. They came up with many reasons why they did not carry them. Some of these reasons were - "We thought this was good only for a particular service". "We thought these were good only in Florida, and that each health department has its different kind of cards for different purposes".

The discussion about "Personal Health Records" was stimulated by the migrants understanding of the importance of medical history and whether this was a health problem. There was a consensus among them that the availability of a medical history for each person is very good, but they could not see the relationship of that to the Personal Health Record. It seems they did not know what the Health Record was all about.

3. Sanitation problems;

It is noticed that migrants attention is directed to their housing conditions and their living quarters. All groups studied were interested in such problems of insects, showers, toilets, garbage disposal etc.

One group however was greatly interested in problems of field sanitation especially field toilets. This group was living in a modern camp with excellent sanitary facilities. With this good housing the group's interest was focused on field sanitation. Another crew mentioned sanitary paper cups in the field, but it seemed that this was secondary to those sanitary problems in the camp or to their housing problem. Among the crews studied, only the crew who were living in a modern camp with excellent facilities have real keen interest in the problems of field sanitation ie, sanitary conditions on the farm. Other crews, although touched on some field sanitation problems, were more concerned with housing problems and conditions.

The time factor has influenced the migrants emphasis on some specific problems like indoor toilets, showers and heating. In the late fall it becomes too cold to have a shower outside and real cold in the rooms especially during the night - and heating becomes a felt need.

4. Diseases;

Dental conditions, colds and sorethroats, eye troubles, muscle aches, and accidents were considered major diseases or conditions that they needed help with.

Venereal diseases were mentioned only by one group and was listed at the bottom even by that group. In another group the surveyor mentioned V.D. to see if they considered it as a health problem and one of the crew said, "We should not talk about this; there is a woman in the other room". The surveyor felt that this crew member was not willing himself to talk

about V.D. and that he took the woman just as an excuse. However, the migrants seem to realize that V.D. is a problem, but they don't seem willing to admit it.

All the groups emphasized dental conditions as a major problem, but only one group listed that under "Diseases". The rest of the groups pointed that out in discussing the medical and dental services. Even the group which gave more importance to dental problems than the other medical problems did not list the diseases of the mouth or teeth under "diseases". Three groups listed accidents under diseases. Three groups expressed concern over handling emergencies. Their camps were isolated to some extent and were not close to medical facilities. They suggested the installment of telephones to have effective communication in cases of emergency.

In the sequence of priority, one group listed "diseases" as their third major health problem, two groups listed it as their fourth health problem, and one group listed it as their number 6 problem. Problems of parasitic diseases, and digestive troubles were not mentioned by any group.

Other Observations

It has been noticed that migrant groups in general can say a lot about their health problems, but if asked to make priorities or list their health problems in terms of their importance they seem confused. They give you their first health problem, and sometimes, their second major health problem - but from there they seem to be less sure about priorities or sequence of importance. Priorities or not, they are able to speak - sometimes, eloquently - about their health problems. This should be enough for the purpose of planning.

Other Findings

It must borne in mind that the aim of this study was simply to find out how some migrant groups see their health needs and problems, and the obstacles that serve as barriers to good health. Furthermore, it will be of interest to compare the views of the migrants and those of the health professionals - to see how close or how far they are. This however is a nucleus study and should be extended to a larger number of migrant groups before definite conclusions could be drawn. The preliminary conclusions that could be safely drawn at this point are the following:

1. The migrants can successfully participate in discussing their health problems and in contributing to the solution of these problems. They should be given the opportunity to participate.

2. There is a lot of talk today about Quality Medical Care. If faced with the choice between having a high quality medical service located in a central or a stationary clinic, and a practically reasonable medical service provided in a mobile clinic, the migrant will choose the second - the service that is brought to his door. The crew in Barefoot Camp who spent some time in East Shore Virginia considered the trailer unit there as the best type of medical and dental service - to them this is the real medical care. Johnston County has examined these migrants for TB this year.

In one of the meetings, the migrants reaction to this kind of service was sought, and they said, "It is good; the only bad thing about it - it was not provided through a mobile unit".

3. More visits should be made to the homes of migrants and their places of work especially by nursing staff. During the discussion more than one group criticized the lack of such visits. These visits are certainly important to the migrant groups - they seem to be more important than we professional people ever thought. The shortage of personnel to do this home visiting remains one of our major problems however. The visits done by nurses in project areas were mainly for the purposes of following up clinic cases. Home and field visits should be expanded to serve a good preventive program, not only for a few sick persons.

4. From this limited study it is hard to define all areas where the professional health personnel differ from the migrants. However, the following points may be considered:

   In defining his problems and health needs the migrant tries to explore his daily activities, his experiences and those of his group. He is direct in defining his problems and needs. He does not rely on statistics and does not consider records. He is not willing to give priorities or arrange problems in terms of their importance. All his problems seem important to him.

   In discussing "diseases" for example, none of the groups mentioned such abnormalities as anemias, parasitic diseases, which we know they exist. These things are either not tangible to the migrant as in the case of anemia or not important enough to be considered diseases. On the other hand, the migrants are telling us that their eye troubles (redness of eyes and inflammations) are more of a problem to them than we professional people thought, since three migrant groups emphasized this.

   There are of course implications of all this in planning suitable health services to these groups, although the aim of this study was mainly to find out how these migrant groups see their health needs and problems.

APPENDIX II

SPECIAL REPORT
ON THE
CREWLEADERS TRAINING SCHOOL

SPECIAL REPORT
ON THE
CREWLEADERS TRAINING SCHOOL

March 1969

Introduction

The Employment Security Commission of North Carolina sponsors an annual training program for crewleaders of ten weeks duration in two schools located at the Wilson Technical and the Robeson Technical Institutes. The aim of the school is to provide the crewleaders, also called labor recruiters - with the necessary skills pertaining to their work. Half of the time is spent on basic education, while the other half is spent on teaching skills and supplying information on services available to the migrants. It includes such areas as forestry, harvesting and packaging, setting seedlings, supervision, highway safety, public relations, rehabilitation, first aid, sanitation, and health. This calls for the participation of several agencies.

The State Board of Health was involved in two weeks training in each school. One week was on sanitation, carried out by Sanitary Engineering Division. The other was on the health problems of migrants and the health services available to them, planned by the State Board of Health Migrant Health Project. The aim of this report is to leave out the sanitation program and to report only on the health program organized by the Migrant Health Project.

Program

1. The Wilson Group:

The group of crewleaders at Wilson consisted of 20 persons - 16 men and 4 women. They came from Wayne, Lenoir, Beaufort, Johnston, Halifax and Northampton Counties.

The program for this group was as follows:

Feb. 10 (Monday)	Topic	Speaker
8:00 A.M. - 8:50 A.M.	Introduction	Khalil
9:00 A.M. - 9:50 A.M.	Dental Care	Susie McDonald, SBH - Dental Health
10:00 A.M.-11:50 A.M.	Food & Food Demonstrations	Cathy McClusky, SBH - Nutrition Section
Feb. 11 (Tuesday)		
8:00 A.M.- 12:00	Free Discussions (with films) on several subjects like alcoholism, disease prevention, body defenses, healthy home and healthy living, etc.	Khalil
Feb. 12 (Wednesday)		
8:00 - 8:50 A.M. 9:00 - 9:50 A.M.	Venereal Diseases	Mr. Irby (VD Greenville)
10:00 -10:50 11:00 - 11:50 A.M.	Tuberculosis	Miss Ruth Gwyn, SBH TB Section

Feb. 13 (Thursday)		
8:00 - 8:50 A.M. 9:00 - 9:50 A.M.	Safety and Accidents	Nettie Day SBH - Accident Prevention
10:00 - 10:50 A.M. 11:00 - 11:15 A.M.	Immunizations	Dr. J. Hamilton SBH - Epidemiology
11:15 - 12:00	Evaluation	Khalil, Berryhill
Feb. 14 (Friday)		
8:00 - 12:00 Noon	Multiphasic Screening	Wilson Co. Health Dept. Dr. J. Campbell & Staff

E. Berryhill accompanied crewleaders to the multiphasi screening program and follow- results.

This year we gave up the "First Aid" program and so we have had twenty hours of training instead of ten as compared with last year. The "First Aid" course was taken over by another agency.

The subjects were well presented and the crewleaders participation was great. They raised many questions each time and they felt they have learned a lot more. The presentation on "Food" was very practical and the food demonstrations made everyone of the crewleaders convinced that he or she can eat a good meal at a cost lower than they were now paying for their meals, and that they can help their crews in this respect.

The free discussions on Tuesday were planned with the intention of covering health subjects and problems not directly included in the program like alcoholism, for example. On this day also the multiphasic screening was discussed and the importance of the several tests was pointed out.

The last day was reserved for screening. It is interesting to report that the whole group came to the Health Department on their own. Dr. Joseph Campbell met the group outside the door, welcomed them and spoke to them separately and collectively. It is of importance to notice that the local health department got, in this way, involved in the training program.

This screening was a good educational experience for everyone of the trainees who are influential leaders to their crews and in their communities. We learned later that in this group three cases of V.D. were detected and immediately followed up.

The idea of screening the group came originally from Dr. Isa Grant. The feeling was that it is a good educational experience to them, and also it will stimulate them to search for further knowledge about chronic disease. Our evaluation at the end of the week proved that this thinking was right. The trainees began to show interest in diabetes, heart disease, cancer and even in posture problems.

2. The Robeson Group:

The group of crewleaders in Lumberton differed from that in Wilson in its construction. This group consisted of eight women and seven men, totalling fifteen. It was supposed to be made up of 20 crewleaders as in Wilson, but 5 potential crewleaders dropped the course.

In our health week we invited the crewleaders wives, and so we added seven women to the group. The group now consisted of 15 women and seven men. This difference in the structure of the group called for modifications in the health program. Many subjects of interest to women were added, like infant and child care, family planning, mental retardation, etc.

Again in Lumberton we have had the Robeson County Health Department involved in the training program in two ways:

(a). By sending speakers to the trainees; for example, Miss Edna Smith, a nurse from the local health department led the discussion on family planning and demonstrated family planning technics to the group of crewleaders.

(b) By taking an active part in the multiphasic screening when Dr. Isa Grant, Dr. M. S. Vala and Mr. Collins went down to Lumberton to do the screening.

We are certainly pleased to have the local health departments in Wilson and Lumberton get involved in this program and actively participate in it.

As in Wilson, the whole group again came to the Lumberton Health Department to avail themselves of the multiphasic screening. The screening was scheduled for the afternoon and none of them was able to have lunch, because of the screening, and they were happy to be able to get this service free. All the crewleaders wives also took the apportunity to have the screening tests.

The program for the Robeson group was as follows:

Feb. 17 (Monday)	Topic	Speaker
Snow	No School	
Feb. 18 (Tuesday)		
	Free discussions cancelled, replaced by:	
1:00 - 4:30 P.M.	Introduction	Berryhill, Khalil
	Dental Care	Miss Susan McDonald
	Food & Food Demonstrations	K. McClusky
	Explaining Multiphasic Screening	Miss Berryhill
	Healthy living	
Feb. 19 (Wednesday)		
Morning	V.D.	Mr. Zyla
	Tuberculosis	Mrs. R. Gwyn
	Family Planning	Miss Edna Smith
Afternoon	Multiphasis Screening	Local Health Dept. Lumberton
Feb. 20 (Thursday)		
1:00 - 4:30 P.M.	Accident Prevention	Miss Nettie Day
	Mental Retardation	Miss Betsy Taylor
	Infant & Child Care	

Feb. 21 (Friday)

8:30 - 11:00 A.M.	Immunization Evaluation	Dr. J. Hamilton Khalil, Berryhill

Last year the crewleaders wives were separated from the group. When their husbands went to their basic education classes, the wives had their health instruction. We were planning to separate the women for at least some subjects. When V.D. and family planning were to be presented, the women did not like the idea of being separated from the men, and said that their being together with the men will not inhibit them from asking whatever questions they wanted. The men also were not in favor of separation, and we kept the group together all the time. This year the wives were accepted with their husbands for the basic education classes and they did not have to waste time waiting for their husbands to finish classes.

Total Costs:

Food Demonstrations	$ 26.90
Crewleaders wives stipends	140.00
Total	$ 166.90

Evaluation:

Any attempt to evaluate the usefulness, immediate and long range of the health teaching in the crewleaders schools, we feel should come from the recruiters or crewleaders themselves. Thus, to begin with as members of the State Board of Health agency, we decided to ask the potential crewleaders what they thought had the highest priorities in health. This period of asking was as they began their ten week basic education training under Title V-M.D.T.A. in Wilson and Lumberton Technical Institutes. Further, we sought to ask them, if they were to be offered a multiphasic training examination, would it be worth the time and what phases of body function they would like to have examined.

In both geographical areas of Wilson and Lumberton, the crewleaders told us they would like to be examined. They also told us what they would like to learn more about health wise. Basically, the before-mentioned program titles are what the crewleaders requested. Thanks to the concern of our colleagues in the local health departments, as well as in our State Health Agency, our (rural) crewleaders were given the opportunity to hear and see positive health demonstrated. We do hope that this time will have lasting linking results.

The following are included in the questions and answers asked the crewleaders in the last session held in each institute:

1. What was crewleaders interest rate per subject?

   After the week's health related program we asked the crewleaders how they would rate their interest in each health area studied. In general they felt that all areas were interesting. The areas that provoked the most questions were Dental Care, Food, Tuberculosis, Venereal Disease and Family Planning.

2. Was the program well set up (enjoyable)?

   All felt the program was enjoyable, especially the demonstrations type as in food preparation.

3. Do you feel you learned many new things?

   The crewleaders felt that they had learned new things to talk about with their friends and neighbors. They said,"why didn't we know this before? Our lives would have been different!"

4. Do you feel that family planning is a subject you would like to learn more about?

   The reactions were most voiced by the men who said, "yes, we need to know. We need to know more to tell our children and grandsons". "We have heard facts today we have never heard before. Family planning is necessary, but difficult to teach. It needs to be by example!" One man said, "This subject is better discussed in a mixed group. It should be discussed with the discussion on Venereal Disease". Another said, "If I had known this information you showed in pictures now, I would not have the problem in my life that I have now".

5. What do you feel about multiphasic screening? Should these tests be offered to every crewleader group?

   The crewleaders agreed that the screening for disease detection was worthwhile. They did, however, express concern how diseases detected would be followed up over time, especially as the migrating pattern is to be on the move. They felt strongly that tests for glaucoma, cancer, in men and women, skin diseases, heart diseases, and occupational diseases common to rural agricultural people should be included. All showed interest that the tests for their age group and race be the most inclusive possible "to help us catch up" in the 1970's.

6. Did you like the films shown to you? Do you feel you learned something from them?

   In general they liked the films shown. They felt they learned some facts, but couldn't spell out what they had learned, except in the areas of farm and home accident prevention. In this area, it seemed evident that the film reinforced the information given in the talk.

7. How can you apply what you have learned?

   Perhaps this is the most crucial question and one whose demonstration in action can be tested this year and in the coming five year period. One suggestion was made that since crewleaders in North Carolina have idle winter workless months, there might be continuing education opportunities made available to them in the area of technical institutes training.

Reflections on Crewleaders Growth

After this experience of sharing health information with the crewleaders, as workers we ourselves hope that the crewleaders not only have learned to take better care of themselves, but also will carry through the health techings by choosing healthier farm laborer workers. Also that as potential leaders, the crewleaders will seek the best preventive and curative services for the workers, realizing that now as crewleaders they know more of the positive aspects of healthful living and thus have more responsibility.

Recently we were privileged to attend the migrant panel for the eastern stream. There we heard the urgent need expressed for training people in the area of agro-industry. The acute need for adequately trained responsible equipment operators, mechanics, tractor drivers, as well as those needed for the vegetable and fruit processing plants was repeatedly stressed. Representatives from the 12 Eastern Seaboard States agreed that crewleader training and further utilization of state agencies in the area of recruitment were important considerattions.

In this area, we feel it is expedient to reinforce and extend the crewleaders training to meet the increased responsibility he or she shoulders in this era. Further, it seems a very appropriate time to <u>follow up</u> the crewleaders from this year's schools to see how they are carrying out in practice the educational opportunities given to them. Methods should be sought, we feel, to do this in cooperation with all the agencies taking part in the ten week education program. It would seem necessary to have further contact directly after the completion of the crewleaders schools in order to better understand the total program design, evaluate results, seek and study ways to improve at least our portion of responsibility in evaluation and follow up under E.S.C.

APPENDIX III

SPECIAL PROJECT

FOR

MIGRANT LABOR SANITATION

June 1, 1969 - August 31, 1969

Preface

In February 1969, Mr. J. L. Williams in Charlotte representing "Concerned Citizens for Migrants" contacted Dr. Burns Jones requesting information on ways his group could aid the migrant program in North Carolina. On March 24, 1969, Dr. Ronald Levine, Dr. Burns Jones and I met with Mr. Williams and members of his group at the Myers Park Baptist Church in Charlotte. Various aspects of the Migrant program were discussed with particular emphasis on the State Law Regulating the Sanitation of Agricultural Labor Camps. From this meeting we planned another meeting in Raleigh which was held on April 16, 1969 and was attended by a delegation of Concerned Citizens for Migrants, district sanitarians, and other selected State Board of Health staff. Mr. Weldon B. Denny from Governor Scott's office also attended. It was brought out at this meeting, that to maintain satisfactory sanitation standards at Migrant Labor Camps frequent inspections are necessary. The local sanitarians and State Board of Health sanitarians do not have time, due to other duties, to make inspections as often as needed. Those in attendance at this meeting concluded that the migrants living conditions could best be helped by having additional sanitation personnel to work with the migrants. The Concerned Citizens for Migrants suggested that a request for funds from the emergency and contingency fund be sent to Governor Scott and the Council of State.

A project proposal and budget was prepared by me and sent to Mr. J. L. Williams in Charlotte on April 22, 1969. The Concerned Citizens for Migrants sent the proposal along with their recommendations to the Governor's office.

The Sanitary Engineering Division of the State Board of Health was informed on May 20, 1969 that the Council of State had approved $23,987.84 from the emergency and contingency fund for this special project.

Report

Nine (9) Sanitarian Aides were employed by the State Board of Health with eight (8) beginning work on June 2 and one (1) beginning work on June 11.

An orientation and training session was held on June 2-4 at Elizabeth City State College in Elizabeth City. At this session the duties were explained and visits were made to migrant labor camps. The duties as outlined in the proposal are as follows: "Provide regular and frequent supervision of migrant labor camps. This would include teaching the migrants good food handling techniques, proper methods of garbage handling and general camp sanitation and cleanliness." To accomplish these objectives the Sanitarian Aides were told to tell and show the migrants how to solve their sanitation problems. If the migrants failed to do the work then the Aides were instructed to do the work themselves and each was issued tools to use. Some examples of problems which we wanted to correct are as follows: yards grown up, trash in yard, garbage not properly stored, poor food handling, dirty toilets, fly and mosquito breeding areas and rat harborage.

By having time to make frequent visits to the labor camps the Sanitarian Aides were able to make significant progress in camp sanitation and cleanliness.

Assignments of Sanitarian Aides were as follows: Mr. W. H. Cranford, Jr. and Mr. Mack Edwards, Sampson County; Mr. Stanley Peaden, Pitt County; Mr. Steele Cox, Beaufort and Hyde Counties; Mr. Elmer Dorsey, Henderson County; Mr. Bernard Heron, Haywood County; Mr. Paul Klein, Carteret County; Mr. Don Sivills, Pasquotank and Currituck Counties; Mr. Steven Holland, Greene County.

The assignments to these counties were made on the bases of migrant labor used and assistance needed by the local health department.

Daily supervision of the Sanitarian Aides was given by the sanitarians in the local health departments. Special supervision was also provided by the State Board of Health district sanitarians.

Statistical information on the work done by these men is as follows:

Total Man Days	521
Total Man Hours	4189
Total Migrant Camp Visits	1765
Total Problems Found	878
Total Problems Corrected	631

Due to apple harvest continuing through September the assignment of Mr. Dorsey in Henderson County was extended through October 15th on a half-time basis and Mr. Heron in Haywood County was extended through September.

In addition to migrant labor activities the Sanitarian Aides gave much assistance to the local sanitarians in handling many rural environmental health problems. Most of this work was done after the migrants had left the counties.

A supplement to this report will be added when these men's duties are completed.

A copy of the proposal and justification for this project are attached.

SANITARIAN AIDES

Need: The heavy influx of migratory workers in some counties presents problems that the local sanitarians do not have time to handle due to existing work loads. The day-to-day living habits of these workers is generally very poor. They do not know how to handle food properly, dispose of garbage, or how to maintain a camp in a safe and sanitary condition.

Duties: Provide regular and frequent supervision of migrant labor camps. This would include teaching the migrants good food handling techniques, proper methods of garbage handling, and general camp sanitation and cleanliness.

Supervision: These men would be hired by the State Board of Health and placed in the local health departments under the supervision of the Health Director and the local sanitarian.

Training: Training would be provided by the State Board of Health Migrant Project.

Qualifications: An applicant for these positions would have to meet the requirements of the North Carolina Personnel Office for Sanitarian Aides.

Length of Employment: Normal employment would be for a period of three (3) months. This employment pattern could be altered if necessary to handle a unique situation.